Substance Misuse & Deployments

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DoD Policy on Substance Abuse

DoDI 1010.4

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- It is DoD policy to prevent and eliminate drug and alcohol abuse and dependence from the Department of Defense. Such abuse and dependence are incompatible with readiness, the maintenance of high standards of performance, and military discipline.

DoD Policy on Substance Abuse

DoDI 1010.16

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- In order to retain the maximum number of qualified personnel, the Department of Defense shall identify personnel at risk for drug or alcohol abuse and alcoholism, and counsel or rehabilitate active duty members, Guard and Reserve personnel by providing residential, nonresidential, consultive and educational services to ensure the military's peacetime and combat readiness missions are met. Those military members who are identified as drug or alcohol dependent by qualified medical personnel (licensed physicians or psychologists) shall be detoxified when appropriate, referred or rehabilitated.

Pre-Deployment Health Assessment

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"During the past year, have you sought counseling or care for your mental health?"

Post-Deployment Health Assessment

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Alcohol is occasionally available during deployments, e.g., R&R, port call, etc. Prior to deploying or during this deployment:

a. Did you use alcohol more than you meant to? No Yes

b. Have you felt that you wanted to or needed to cut down on your drinking? No Yes

c. How often do you have a drink containing alcohol?

Never 2 to 4 times a month 4 or more times a week
Monthly or less 2 to 4 times a week

d. How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2 5 or 6 10 or more
3 or 4 7 to 9

e. How often do you have six or more drinks on one occasion?

Never Monthly Daily
Less than monthly Weekly

Are you currently interested in receiving information or assistance for a stress, emotional or alcohol concern? No Yes

Alcohol screening result:

No evidence of alcohol-related problems
Potential alcohol problem (positive response to either question a. or b. and/or AUDIT-C (questions c.-e.) score of 4 or more for men or 3 or more for women)

Refer to PCM for evaluation: Yes No
Identified Concerns: Alcohol Use: Minor Concern Major Concern Already Under Care: Yes No

Post-Deployment Health Re-Assessment

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a. In the PAST MONTH, Did you use alcohol more than you meant to? Yes No

b. In the PAST MONTH, have you felt that you wanted to or needed to cut down on your drinking?
Yes No

c. How often do you have a drink containing alcohol?
Never 2 to 4 times a month 4 or more times a week
Monthly or less 2 to 4 times a week

d. How many drinks containing alcohol do you have on a typical day when you are drinking?
1 or 2 5 or 6 10 or more
3 or 4 7 to 9

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Longitudinal Assessment of Mental Health Problems Among Active and Reserve Component Soldiers Returning From the Iraq War

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- In a population-based cohort of 88,235 US soldiers returning from service in Iraq, 11.8% reported alcohol misuse on a 2-item alcohol screening test (4.9% indorsed both items on the screening test)
- Those screened several months after their return were referred for treatment at significantly higher rates compared to the initial post-deployment screening
- Clinicians identified 20% of active and 42% of reserve component military personnel requiring a mental health referral when both screenings were combined

(Miliken, Auchterlonie, & Hoge, 2007)

Alcohol Use & Alcohol-Related Problems Before and After Military Combat Deployment

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- Millennium Cohort Study
- Reserve and National Guard personnel who deployed and reported combat exposures were significantly more likely to experience new-onset heavy weekly drinking, binge drinking, and alcohol-related problems compared with nondeployed personnel
- The youngest members of the cohort were at highest risk for all alcohol-related outcomes

(Jacobson et al., 2008)

Substance Use in Theater

- Mental Health Advisory Team V, 2008
- 8% of Soldiers reported using alcohol in theater
- 1.4% reported using illegal drugs/substances
- 3.8% reported they "huffed" any substance

Deployment Associated with an Increase in Smoking

- Millennium Cohort Study
- Increase predominantly due to smoking reuptake rather than smoking initiation
- Among past smokers, deployment with combat, deploying multiple times, and deployment >9 months increased risk of smoking reuptake
- Among baseline smokers, deployment not associated with increased amount of smoking

(Smith et al., 2008)

2005 DoD Survey of Health Related Behaviors (Research Triangle Institute)

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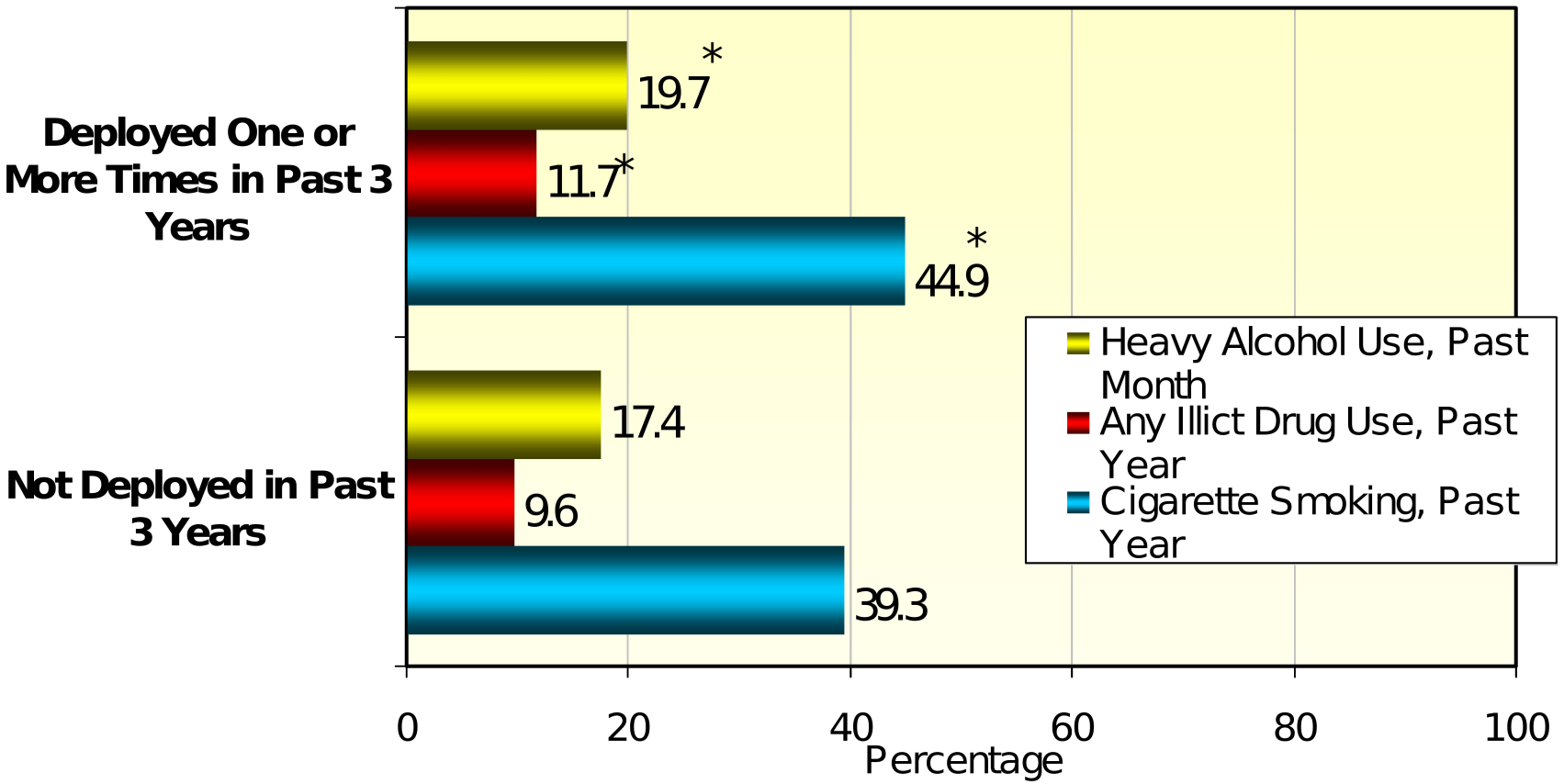

Data standardized by Service, gender, age, education, and race/ethnicity.
*Significant difference between deployed and not deployed populations at .05 level.

PTSD & Substance Abuse

- National Comorbidity Study
- Lifetime prevalence of PTSD estimated for the general US population is 7.8%, and of those 51.9% of men and 27.9% of women have a lifetime prevalence of both PTSD and alcohol abuse or dependence

(Kessler et al., 1995)

Substance Use Disorders & Clinical Management of TBI and PTSD

- Substance use disorders, TBI and PTSD may occur together for several reasons
- The complexity of substance use disorders co-occurring with PTSD, TBI, or both may necessitate that new treatment concepts be developed to successfully address these combined disorders

(Corrigan & Cole, 2008)

VA/DoD Clinical Practice Guidelines

- Substance Use Disorder
- Opioid Therapy for Chronic Pain
- PTSD
- Major Depressive Disorder
- Mild TBI

DoD Substance Abuse Prevention & Treatment Leadership Meeting

- Rosslyn DCoE Office, 16 Apr 09
- Provided program updates and discussed issues/policies
- Agreed that similar meetings should continue to take place

Substance Abuse & Pain Management

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- Feb 09 DCoE Summit III Breakout Session, Substance Abuse & Pain Management
- Prescription Drug Abuse Ad Hoc Working Group
- Sep 09 DCoE Global VTC